CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

,							
The C/OH Instruction Gui	DE explains how to compl	ete this form.	1 '	# mission filers)	2 PAGE# 1 of 7		
3 CANDIDATE/	MS/MRS/MR	FIRST	<u> </u>	MI	OFFICE	JSE ONLY	
OFFICEHOLDER NAME	Mr.	Maher	M	•	Date Received		
	NICKNAME	LAST		SUFFIX	· R	ECEIVED	
		Maso			IAN	1 4 2010	
					_		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #;	CITY; ST	ATE; ZIP CODE	City Sec	refary's Office	
MAILING	10902 Ormond Lane				(1.93	P.M & Oa	ssela
ADDRESS	Frisco, TX 75035				Date Hand-delivere	d or Date Postmarked	
Change of Address							
					Recelpt#	Amount	
5 CAMPAIGN	MS/MRS/MR	FIRST Valenda		мі М.	Date Processed		
TREASURER NAME	Mrs.	valenua	l	IVI.	. Date Imaged		
INMINE	NICKNAME	LAST Maso	,	SUFFIX	. Date imaged		
	ļ	mass					
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	K PLEASE); APT / SUI	ΠΕ#; CIT	Y; STATE;	ZIP CODE		
TREASURER ADDRESS	10902 Ormond Lane Frisco, TX 75035						
(Residence or business)	111000, 17,70000						
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EX	TENSION			
TREASURER PHONE	(972) 335-3113						
8 REPORT TYPE	X January 15	30th day before elec	ction R	unoff	15th day after appointment (c	campaign treasurer officeholder only)	
	July 15	8th day before electi	ion E	xceeded \$500 limit	Final report (A	ttach C/OH - FR)	
9 PERIOD	Month Day Ye		N. CO. L	Month D	ay Year		
COVERED	07/01/2009	THRC	JUGH	12/31/	2009	7	
				12/01/			
10 ELECTION	ELECTION DATE Month Day Ye	ELECTION TY	/PE	_			
		Primar	ry 🗌 Ru	ınoff	General	Special	
11 OFFICE	OFFICE HELD (if any)		12 0	FFICE SOUGHT (if kn	own)		
TI OFFICE	Mayor		12	,	•		
13 NOTICE OF DIRECT	Direct campaign expend	itures are campaign exp	penditures made b	y others without th	e candidate's prior consen	t or approval.	
CAMPAIGN	Candidates are required to d	isclose this information	only if they receive	e notification of the	direct campaign expenditu	re. **	
EXPENDITURE BY OTHER	Name						
INDIVIDUALS							
	Address/PO Box; Apt. / Suite	#; City; State;	Zip Code				
	, , , , , , , , , , , , , , , , , , , ,	. , , , , , , , , , , , , , , , , , , ,	*				
additional pages							
			D. 65	•			
		GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			· · · · · · · · · · · · · · · · · · ·		.,
14 C/OH NAME Maso	, Maher	M. (Mr.)		COUNT #	(Ethics Commission filers)
16 NOTICE FROM	have been made with	tice of political expenditures by political committees out the candidate's or officeholder's knowledge or or y receive notice of such expenditures			
POLITICAL COMMITTEE(S)	СОММІТТЕЕ ТҮРЕ	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS		<u> </u>	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (C S, LOANS, OR GUARANTEES OF LOANS), UNLE		\$	0.00
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$	1,800.00
EXPENDITURE TOTALS				\$	32.58
	4. TOTAL F	OLITICAL EXPENDITURES		\$	1,516.91
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF Y OF THE REPORTING PERIOD	- THE	\$	2,152.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	0.00
18 AFFIDAVIT					
	M ESTELA BARRER	is true and correct me under Title 15	, under penalty of perjury, ct and includes all informa 5, Election Code.	•	. , , , ,
No.	otary Public, State of 1 My Commission Expl December 14, 201		mul muse	rion	
			Signature of Candidate o	r Officehol	lder
AFFIX NOTARY S	TAMP / SEAL ABOVI	:			:
		esald Maher Maso	, this	s the	14th day
of January, 2	0 <u>10</u> , to ceri	ify which, witness my hand and seal of	office.		
m. Estela 6	arrera	M. Estela Barrera	Sr. a	dmir	ass.
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 1/	1 Report: 3/7	
2	FILER NAME	Maso, Maher	M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor Harris, Del & Ann	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/01/2009	6 Contributor address; 2745 Montreaux Dr Frisco, TX 75034	City; State; Zip Code		\$300.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Consultant	ation / Job title (See Instruction	ns)	10 Employer (See In Dallas Maverick		
	Date	Full name of contributor Rinker, Martin (Mr.)	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/18/2009	Contributor address; 7400 Gaylord Parkway Frisco, TX 75034	City; State; Zip Code		\$250.00	[[
		•				Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	าร)	Employer (See In	structions)	
	Date	Full name of contributor Trepac/Texas Association	out-of-state PAC (ID# of REaltors)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/10/2009	Contributor address; p.o. box 2246 Austin, TX 78768	City; State; Zip Code		\$1,000.00	
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Williams, Barbara	ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/18/2009	Contributor address; 7400 Gaylord Parkway Frisco, TX 75034	City; State; Zip Code		\$250.00	[] [
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See Ins	structions)	

(512)463-5800 POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 1/2 Report: 4/7 (Ethics Commission filers) 2 FILER NAME M. (Mr.) 3 ACCOUNT# Maso, Maher Amount Date Payee name (\$) Chili's Restaurant \$79.69 07/22/2009 6 Payee address; City; State; Zip Code 8250 Hwy 121 frisco, TX 75034 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) Volunteer Meeting - refreshments/food Office sought: (If travel outside of Texas, complete Schedule T) Office held: Amount Date Payee name (\$) Chili's Restaurant \$40.90 12/16/2009 City; State; Zip Code Payee address; 8250 Hwy 121 frisco, TX 75034 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) Volunteer Meeting - refreshments/food Office sought: (If travel outside of Texas, complete Schedule T) Office held: Amount Payee name Date (\$) **Constant Contact** \$812.76 12/31/2009 City; State; Zip Code Payee address; 1601 Trapelo Road Suite #329 Waltham, MA 02451 "Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) Marketing Services - E-mail List Services for 1 year. Office sought: (If travel outside of Texas, complete Schedule T) Office held: Amount Date Payee name (\$) Paypal \$7.55 12/18/2009 City; State; Zip Code Payee address; P.O. Box 45950 Omaha, NE 68145 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: Bank Credit Card Processing Fee - paypal fee on contribution Office sought: (If travel outside of Texas, complete Schedule T) Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction	อง Guide explains how to complete this form.	1 PAGE# Schedule: 1/2	Repo	ort: 6/7
2 FILER NAME	Maso, Maher M. (Mr.)	3 ACCOUNT#		s Commission filers)
4 Date	5 Payee name Constant Contact		8	Amount (\$)
07/13/2009	6 Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451			\$79.69
	7 Purpose of expenditure (See instructions regarding type of information requestion Marketing Services - E-mail List Services	uired.)		Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name Constant Contact			Amount (\$)
08/13/2009	Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451			\$79.69
	Purpose of expenditure (See instructions regarding type of information requ Marketing Services - E-mail List Services	uired.)		Reimbursement from political contributions intended
	(if travel outside of Texas, complete Schedule T)			
Date	Payee name Constant Contact			Amount (\$)
09/13/2009	Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451	:		\$79.69
	Purpose of expenditure (See instructions regarding type of information requ Marketing Services - E-mail List Services	iired.)	X	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name Constant Contact			Amount (\$)
10/13/2009	Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451			\$79.69
	Purpose of expenditure (See instructions regarding type of information requ Marketing Services - E-mail List Services	lired.)	X	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name Constant Contact			Amount (\$)
11/13/2009	Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451			\$79.69
	Purpose of expenditure (See instructions regarding type of information requipments of the services - E-mail List Services (If travel outside of Texas, complete Schedule T)	ired.)	X	Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 2/2			Report: 7/7		
Maso, Maher M. (Mr.)	3 ACCOUNT#	(Ethic	s Commission filers)		
Payee name Constant Contact		8	Amount (\$)		
6 Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451			\$79.69		
7 Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services					
Godaddy	,		Amount (\$)		
Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260			\$46.87		
Domain name registration	uired.)	区	Reimbursement from political contributions intended		
(If travel outside of Texas, complete Schedule T)					
Payee name Godaddy			Amount (\$)		
Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260			\$10.87		
Domain name registration	ired.)		Reimbursement from political contributions intended		
v·					
	Maso, Maher M. (Mr.) 5 Payee name Constant Contact 6 Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451 7 Purpose of expenditure (See instructions regarding type of information requirements of travel outside of Texas, complete Schedule T) Payee name Godaddy Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260 Purpose of expenditure (See instructions regarding type of information requirements of the content of the	Maso, Maher M. (Mr.) 5 Payee name Constant Contact 6 Payee address; City; State; Zip Code 1801 Trapelo Road Suite #329 Waitham, MA 02451 7 Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services (If travel outside of Texas, complete Schedule T) Payee name Godaddy Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85280 Purpose of expenditure (See instructions regarding type of information required.) Domain name registration (If travel outside of Texas, complete Schedule T) Payee name Godaddy Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85280 Purpose of expenditure (See instructions regarding type of information required.) Domain name registration (If travel outside of Texas, complete Schedule T) Purpose of expenditure (See instructions regarding type of information required.) Domain name registration (If travel outside of Texas, complete Schedule T)	Maso, Maher M. (Mr.) 5 Payee name Constant Contact 6 Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451 7 Purpose of expenditure (See instructions regarding type of information required.) Marketing Services - E-mail List Services (if travel outside of Texas, complete Schedule T) Payee name Godaddy Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 ScottSdale, AZ 85260 Purpose of expenditure (See instructions regarding type of information required.) Domain name registration (if travel outside of Texas, complete Schedule T) Payee name Godaddy Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 ScottSdale, AZ 85260 Purpose of expenditure (See instructions regarding type of information required.) Domain name registration (if travel outside of Texas, complete Schedule T) Purpose of expenditure (See instructions regarding type of information required.) Domain name registration (if travel outside of Texas, complete Schedule T)		